



Missouri Pharmacy Program – Preferred Drug List



Insulins

Effective 10/19/2005

Revised 07/03/2008

Preferred Agents

- Humulin N
- Humulin R
- Novolin N
- Novolin R

Non-Preferred Agents

- Exubera
- Relion N
- Relion R

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with documented trial period for 2 more preferred agents.	Lack of adequate trial on required preferred agents.
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.